



Center for Medicaid and State Operations
Disabled and Elderly Health Programs Group
Division of Integrated Health Systems

May 1, 2002

Mr. Dennis Braddock
Secretary
Department of Social and Health Services
P.O. Box 45010
Olympia, Washington 98504-5010

Dear Mr. Braddock:

This letter is to revise the completion date for one of the terms and conditions that was sent out in your Washington Integrated Community Mental Health Program section 1915(b) waiver program renewal approval letter from the Centers for Medicare & Medicaid Services (CMS).

Term and condition number five regarding the actuarial review of rates is revised to be extended for completion no later than November 30, 2003. The approval letter of March 1, 2002, included the date of November 30, 2002. The revised term number 5 shall read:

Actuarial Soundness of Rates. The State will provide for actuarial review of rates calculated to satisfy the cost effectiveness determination and submit a report from that study to the CMS RO by November 30, 2003. The report from this study must be based on the most recent year's service data collected from the RSNs and include specifics about: a) the individuals included in/excluded from the calculations (category and number in each category); b) categories or types of services provided; c) a reasonable projection of costs of services if reimbursed under fee-for-service; d) all assumptions built into the calculations (e.g., the number of eligibles likely to need services); e) any adjustments or trending factors applied to the data; f) all definitions relevant to categories and types of populations and services; and g) a capitated rate(s) based on these data.

We appreciate the State's efforts in continuing this program designed to provide accessible, quality and cost-effective health care for Medicaid enrollees.

Sincerely,

/s

Theresa A. Pratt
Director

Enclosure

cc:

Karen O'Connor, Acting Chief, Medicaid Branch, Region X
Karl Brimmer, Mental Health Division

**Washington Integrated Community Mental Health Services Terms and
March 7, 2002, Conditions Deliverables Timeline**

T&C #	Deliverable	Date
7	Enrollee Protections: Contract Termination Plan	90 days post-approval
1C	Enrollee Brochures/Information: Notification of Medicaid Eligibility	Upon Completion
3	Reports: QA and I-team reports	Upon completion
1A	Enrollee Brochures/Information: Standard Review Process	September 30, 2002
6A	Enrollee Protections: Access: Monitoring Plan	September 30, 2002
8	Children with Special Health Care Needs Reports for First Year	September 30, 2002
4A	Access to Services: Plan	November 30, 2002
1B	Enrollee Brochures/Information: Revised Brochures	September 30, 2003
2	Data: Utilization Information	September 30, 2003
8	Children with Special Health Care Needs Reports for Second Year	September 30, 2003
6B	Enrollee Protections: Access: Report of State Activities	September 30, 2003
5	Actuarial Soundness of Rates Report	November 30, 2003
4B	Access to Services: Evidence of Progress	November 30, 2003
6C	Enrollee Protections: Access: Results of Monitoring	December 31, 2004